Methods: Data on Norway's preparedness and surveillance - available from bodies and sites (URLs) comprise some of the following, The Norwegian Public Health Institute (fhi.no), The Directorate of Health (helsedirektoratet.no) — including the general information given at The Norwegian Governmental Official site - (pandemi.no). The projections and scenarios given by these governmental bodies have been compared with data from Norwegian sources — as well as from - promedmail.org and WHO data, as of October 25, 2009 - from who.int/csr.

Results: From the end of April 2009 to the end October 25, 2009 13 deaths were recorded. Many of these individuals had predisposing illnesses/ conditions, which may have contributed to a fatal outcome. The known impact has been 13 recorded deaths, so far, - not 13 000 deaths - i.e. one thousandth — in contrast to the worst-case scenario.

Conclusion: The documentation above highlights uncertainties concerning projections made in an early epidemic/pandemic phase. It also might give reasons for caution — when extrapolating small data sets — in order to give short/intermediate term projections, to health professionals, as well as to the public in general.

doi:10.1016/j.ijid.2010.02.1701

28.032

A survey in Taiwan 2009 for the public perception and the willingness to be vaccinated of pandemic influenza A (H1N1)

W.-S. Jhao*, T.-H. Wang, L.-L. Ho, H.-P. Huang, C.-M. Chen, Y.-P. Chou, M.-C. Peng

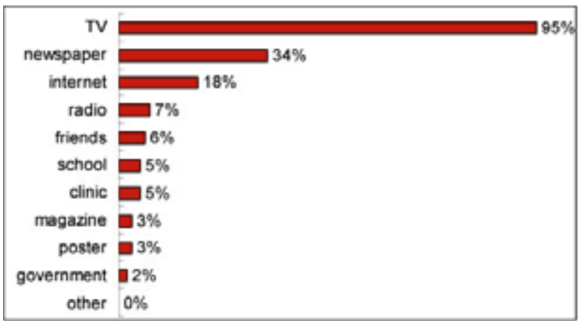
Taiwan CDC, Taipei, Taiwan, R.O.C

Background: Taiwan established H1N1 Central Epidemic Command Center on April 27, 2009 while swine flu outbreak developed in Mexico. The first wave communication was focusing on border quarantine and travel alert. The second wave communication drifted to self prevention and the treatment after the first death on July 30. Until October 26, there are 423 H1N1 hospitalized cases and 26 deaths with fatality rate round 0.11‰.

Methods: Telephone survey targeting people aged 18 and older knowing H1N1 flu sampling by the Computer Assisted Telephone Interview (CATI) was conducted during October 1-3 2009, Questionnaires were developed under the theoretical framework of the KAP model. After excluding 50 cases of respondents who haven't heard of H1N1 flu, 1,123 valid interviews have been successfully collected at 95% confidence level with sampling error is ±2.99%.

Results: Our survey explored that the perceptions of the respondents' to H1N1 flu such as the transmission routes, treatment and vaccine for prevention have all reached to 70%. The perception of the preventive measures such as hands-washing, seeing doctor immediately after the symptoms develop reached to above 90%. The main channel of H1N1 information was TV (95%), followed by newspaper (34%) and internet (18%). 95% of the respondents have prepared some materials for H1N1evention such as face mask(85%), thermometer (78%), or handkerchief or tissue paper (77%). Almost 60% worried that the H1N1 outbreak will be more serious during fall and winter in Taiwan. More than 50% worried about contracting H1N1 flu. 58% would like to receive H1N1 shot and 25% won't mostly due to safety concern of vaccination (45%). 17% haven't made their decision yet.

Table1 Where people get their information?



Conclusion: Most people in Taiwan have good awareness and right perception to this novel influenza, the media played a critical role for the public awareness. The worrisome about the epidemic on autumn and winter commonly existed and drove the residents doing something such as stockpiling the face masks. 37% complained of the exaggerations of the media reports of H1N1. Striking the balance of awareness and the panic of the public is the challenge for the public communication of the H1N1.

Table 2 Important attitude analysis of demographic variables

		Worrying H1N1 would be more serious during fall and winter	Worrying themselves may get H1N1 flu	Willing to accept H1N1 flu vaccine
Gender	Male (n = 542)	52%**	50%*	64%*
	Female (n = 581)	61%	57%	53%
Age	Less than 29 (n = 246)	62%**	58%	58%
	Older than 29 (n = 877)	55%	52%	58%
Education	Under than university (n = 624)	58%***	53%	59%
	Up than university (n = 479)	55%	54%	56%

*: $p < 0.05$ **: $p < 0.01$ ***: $p < 0.001$

doi:10.1016/j.ijid.2010.02.1702